



# Declaration for Nomination and Oath of Candidacy (Special Districts)

FOR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
Fee paid: ☐ cash ☐ check \_\_\_\_\_ ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: \_\_\_\_\_  
Full name of office including district and/or department numbers if applicable  
Position & Term (i.e. Trustee for a 3-year term)

Candidate Name (printed exactly as it should appear on the ballot): \_\_\_\_\_

Mailing Address \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Residence Address \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence \_\_\_\_\_ Contact Phone \_\_\_\_\_ Email Address \_\_\_\_\_ Website Address \_\_\_\_\_

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

*I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.*

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
Printed Name of Candidate

**Where to file Federal, Statewide,  
State District and Legislative offices:**

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6<sup>th</sup> Ave  
2<sup>nd</sup> Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](https://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

**Where to file County, City and most  
Local District offices:**

County Election Office  
A list of county election offices may be  
found at: [sosmt.gov/elections](https://sosmt.gov/elections)

\_\_\_\_\_  
Signature of Notary or Public Official

\_\_\_\_\_  
Printed Name of Notary Public

Notary Public for the State of \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_\_\_

[SEAL/STAMP]

Revised July 24, 2019